( Application or Docket Number												ber
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2001    Description												
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			18				ſ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		OR	BASIC FEE	-890
TOTAL CHARGEABLE CLAIMS			[8] minus 20=		*			X\$ 9=		OR	X\$18≕	
INDEPENDENT CLAIMS					*			X42=		OR	X84=	84
MU	LTIPLE DEPEN	IDENT CLAIM PR	RESENT	Λ	<u> </u>	. 🗆		+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	Ł	TOTAL	4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OR	TOTAL	974
CLAIMS AS AMENDED - PART II								014411		۰	OTHER	
		(Column 1) CLAIMS		(Colur		(Column 3)	r	SMALL		OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER QUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 18	Minus	**	20	=		X\$ 9=		OR	X\$18=	
AME	Independent	* 4	Minus	***	3	= /		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM /							+140=		OR	+280=	
	(Column 1) (Column 2) (Column 3)							TOTAL		ΩP	TOTAL ADDIT, FEE	
								ADDIT. FEE			ADDII. FEE	1
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	Ÿ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	F (2) A 13 A	=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<b>'</b>	+140=		OR	÷280=	
							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3										ADDI!. I EE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=	·, · · · · · · · · · · · · · · · · · ·	OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1			1	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280≡ TOTAL	
441	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEEOR											
	ine Highest Nur	nber Previously Pa	id For" (Total o	or Independ	dent) is the	e highest numbe	er fou	ind in the ap	propriate bo	x in co	olumn 1.	